

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/340.615

FILING DATE

3-31-00

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4		/				
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46	/					
47		/				
48		/				
49		/				
50		/				
TOTAL IND.	4					
TOTAL DEP.	56					
TOTAL CLAIMS	60					

	IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/						
52		/						
53		/						
54		/						
55	/	/						
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TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								